

MDR Tracking Number: M4-03-6476-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-29-03.

I. DISPUTE

Whether there should be reimbursement for CPT code E1399.

II. FINDINGS & RATIONALE

The respondent contends that, "The fee schedule allows \$85.00 per month for supplies except in unusual cases where additional supplies are medically necessary. Additional documentation was provided with claim and reconsideration request. Not a pre-authorization or concurrent review issue."

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|---------------------------------|----------|----------|---------|-----------------|--|---------------|--|
| 9-18-02 10-17-02 11-19-02 | E1399 | \$128.75 | \$85.00 | M | \$85.00 | DME GR (X)(C) | Requestor noted on TWCC60 that, "Special/unusual request from the patient for supplies." The MFG states that "Reimbursement shall not exceed the maximum allowable per month (\$85.00) except in those unusual cases where additional supplies are medically necessary, adequate documentation describing the situation shall be provided." The patient requesting additional supplies does not support medical necessity. No reimbursement is recommended. |

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (E1399).

The above Findings and Decision are hereby issued this 28th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division